

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17G065		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2013	
NAME OF PROVIDER OR SUPPLIER FTM 20				STREET ADDRESS, CITY, STATE, ZIP CODE 1311 E 21ST STREET TERRACE LAWRENCE, KS 66044			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS			W 000			
W 381	<p>The following deficiencies resulted from a fundamental survey (YLJ111) conducted on 2/18/13, 2/19/13, 2/20/13, and 2/25/13 at the above identified facility.</p> <p>483.460(l)(1) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must store drugs under proper conditions of security.</p> <p>This STANDARD is not met as evidenced by: The facility census equaled four clients with two clients sampled.</p> <p>Based on observation, staff interview, and record review the facility failed for two of three clients receiving medications (sample client #120, and non-sampled clients #100 & #130) to store drugs under proper conditions of security by leaving keys unsecured during medication pass.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - Observation on 2/19/13 at 7:40 a.m., in the laundry room, revealed staff (A) trying to locate the medication keys. Staff (A) looked in an unlocked drawer in the kitchen without locating the keys. Staff (A) then asked overnight staff (B), at 7:42 a.m., if he/she is aware of the keys. Staff (B) said, "I am not trained on medications." Staff (A) then walked to the laundry room and found the keys on side of the medication cart unsecured. Keys unsecured for the clients and staff. <p>Review of client #100's medication record dated</p>			W 381			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 381	<p>Continued From page 1</p> <p>December 2012 reviewed a diagnosis of profound mental retardation associated with cerebral malformation, mild spasticity, seizure disorder, and behavior disorder. Client admitted to the facility on 11/1994. Review of client #100's medication revealed the following medications: Depakote ER, Dilantin, Docusate Sodium, Folic Acid, Multivitamin, Oyster Calcium, Vitamin B 12, Vitamin C, and Vitamin D. Review of individual program plan dated 6/09/12 stated client #100 needs assistance with medication administration.</p> <p>Review of client #120's medication record dated December 2012 reviewed a diagnosis of severe mental retardation behavior disorder associated with cerebral malformation, chronic brain syndrome, intermittent explosive disorder, bipolar disorder and extrapyramidal symptoms. Client admitted to the facility on 2/1991. Review of client #120's medication revealed the following medications: Atenolol, Gabapentin, Levothyroxine, Lovaza, Multivitamin, and Vitamin C. Review of individual program plan dated 6/12/12 stated client #120 needs assistance with medication administration.</p> <p>Review of client #130's medication record dated June 2012 reviewed a diagnosis of profound mental retardation, cerebral palsy, legally blind, scoliosis, dysmenorrhea, and hyperlipidemia. Client admitted to the facility on 3/21/2003. Review of client #130's medication revealed Klor Con/Potassium Bicarbonate. Review of individual program plan dated 5/25/12 stated client #130 needs assistance with medication administration.</p> <p>In an interview on 2/19/13 at 7:40 a.m. staff (A) reported he/she, " Forgot to secure the keys. "</p>	W 381			

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W 381	<p>Continued From page 2</p> <p>- Observation on 2/19/13 at 7:45 a.m., in client ' s bedroom, revealed staff (A) administering medications and Klor-Con/Potassium Chloride mixed with water to assist with treating low blood levels. Staff (A) at 7:50 a.m. stated, " That client does not always like to drink the mix, so we put it on the breakfast table for him/her to finish. "</p> <p>At 8:20 a.m. observed the Klor-Con/Potassium Chloride dissolved in water in a sippy cup from the medication pass earlier at 7:45 a.m. The cup is sitting on the table with no security or staff possession of the medication at this time.</p> <p>Review of client #130's medication record dated June 2012 reviewed a diagnosis of profound mental retardation, cerebral palsy, legally blind, scoliosis, dysmenorrhea, and hyperlipidemia. Client admitted to the facility on 3/21/2003. Review of client #130's medication revealed Klor Con/Potassium Bicarbonate. Review of individual program plan dated 5/25/12 stated client #130 needs assistance with medication administration.</p> <p>An interview on 2/19/13 at 8:20 a.m. staff (C) stated, " It needs to be secured. I can watch it. "</p> <p>- Upon observation at 7:53 a.m. staff (A), preparing client #100 ' s medications. The staff stated that he/she had to get a spoon from the kitchen to help mix the pudding with the client ' s medications. Staff (A) left the laundry room with the medication cup with pills in them and a bottle of stool softener sitting on top of the medication cart unsecured.</p> <p>Review of client #100's medication record dated</p>			W 381			

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W 381	<p>Continued From page 3</p> <p>December 2012 reviewed a diagnosis of profound mental retardation associated with cerebral malformation, mild spasticity, seizure disorder, and behavior disorder. Client admitted to the facility on 11/1994. Review of client #100's medication revealed the following medications: Depakote ER, Dilantin, Docusate Sodium, Folic Acid, Multivitamin, Oyster Calcium, Vitamin B 12, Vitamin C, and Vitamin D. Review of individual program plan dated 6/09/12 stated client #100 needs assistance with medication administration.</p> <p>Interview with Staff (A), at 7:56 a.m. stated, " Oh I forgot I usually never have to go out to get spoons. "</p> <p>The facility failed to store drugs under proper conditions of security for clients #100 and #130.</p>			W 381			